2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #724123

1. Entity Name



FILED Jan 17, 2007 8:00 am Secretary of State 01-17-2007 90054 015 ****70.00

STATES POWER SQUADRON OF UNITED STATES POWER SQUADRON, INC.								
P.O. BOX 857 P.O.		Mailing Address P.O. BOX 857 PANAMA CITY, FL 32402			<i>Б</i> ИВОКОТ~			
		3. Malling Address	Aalling Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ng-NP CR2E037	7 (12/06)		
City & State		City & State	City & State			_ 	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Deciror	8.75 Add	itional	
	6. Name and Address of Current R	legistered Agent		7. Name and Add	ress of New Registered A	<u></u>		
			Name					
MAITLAND, WILLIAM W. 2457 PRETTY BAYOU CIRCLE PANAMA CITY, FL 32405			Street Address (P.O. Box Number is Not Acceptable)					
171147141171	O171,1 E 02400							
			City		FL	Zip Code)	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regi	istered agent, or both, in	the State of Florida. I am fa	emiliar with,	and accept	
SIGNATURE .								
SKIRA ONE	Signature, typed or printed name of regulared agent as	nd title if applicable. (NOTE: f	Registered Agent agnature req	jured when remainting)	DATE			
Filing Fee is \$61.25 Due by May 1, 2007			Election Campaign Financing Trust Fund Contribution.		Make check Florida Depart		1	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	
title Name	OD CORLEY, KERRY R	Delete	TITLE C	PANI	AS TAMOS	Change	Addition	
STREET ADDRESS	1701 GRANT AVENUE		STREET ADDRESS	10 Airport	AS, JAMES			
CITY-ST-ZIP	PANAMA CITY, FL 32401	·	CITY-ST-ZIP	Panama Gi-	ty, 71, 3240	<u> </u>		
TITLE	TD	☐ Delete	TITLE		,,	Change	Addition	
NAME STREET ADDRESS	HURST, DAVID B 740 BUNKERS COVE RD		NAME STREET ADORESS					
CITY-ST-ZIP	PANAMA CITY, FL. 32401		CITY-ST-ZIP					
TITLE	PD	Delete	TITLE P	D		Change	Addition	
NAME STREET ADDRESS	SMITHERMAN, RICHARD 305 GREENWOOD DR.		NAME C	Corley, Ko	- Avonue			
CITY-ST-ZIP	PANAMA CITY BEACH, FL 3240	7	CITY-ST-ZIP	Janama C	ite 71,324	.01		
TITLE		☐ Detete	חתב		7/	Change	Addition	
NAME STREET ADDRESS			NAME Street Address					
CTTY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Oelete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADORESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME CONCER + DODGES			NAME CYNCEY + DRIVERS					
STREET ADORESS								
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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